

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Florida New Majority		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 8330 Biscayne Blvd. Suite 1		Amount 1531.20	
City Miami	State FL	Zip Code 33138	Transaction ID : D340167
Purpose of Expenditure Est. Cost-Food for Canvassers from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Florida New Majority		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 8330 Biscayne Blvd. Suite 1		Amount 1531.20	
City Miami	State FL	Zip Code 33138	Transaction ID : D340168
Purpose of Expenditure Est. Cost-Food for Canvassers from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	3062.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 2 OF 138

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report☒ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

Florida New Majority

Date

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2012

Mailing Address 8330 Biscayne Blvd.

Suite 1

City
MiamiState
FLZip Code
33138

Amount

1030.08

Transaction ID : D340169

Purpose of Expenditure
Est. Cost-Food for Canvassers from 10/16-11/6Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

State: FL

District: 26

Name of Federal Candidate Supported or Opposed by Expenditure:

JOE GARCIA

Check One:

☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

171014.85

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Florida New Majority

Date

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2012

Mailing Address 8330 Biscayne Blvd.

Suite 1

City
MiamiState
FLZip Code
33138

Amount

587.42

Transaction ID : D340170

Purpose of Expenditure
Est. Cost-Food for Canvassers from 10/16-11/6Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

State: FL

District: 10

Name of Federal Candidate Supported or Opposed by Expenditure:

VALDEZ VAL DEMINGS

Check One:

☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

3957.29

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

1617.50

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 3 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Hilda Alvarado

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 16325 NW 24 St.

Amount

418.28

City State Zip Code
Hollywood FL 33028

Transaction ID : D340171

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: _____ District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Hilda Alvarado

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 16325 NW 24 St.

Amount

418.28

City State Zip Code
Hollywood FL 33028

Transaction ID : D340172

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
State: FL District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

836.56

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 4 OF 138

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report☒ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

Joseph Benia

Date

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2012

Mailing Address 12027 SW 15th St.

City State Zip Code
Hollywood FL 33025

Amount

418.28

Transaction ID : D340173

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State: _____
☐ Senate District: _____
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Joseph Benia

Date

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2012

Mailing Address 12027 SW 15th St.

City State Zip Code
Hollywood FL 33025

Amount

418.28

Transaction ID : D340174

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State: FL
☒ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

836.56

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 5 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Lovemore Chiweshe		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 14222 NW 18th Pl.		Amount 418.28	
City Hollywood	State FL	Zip Code 33028	Transaction ID : D340175
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Lovemore Chiweshe		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 14222 NW 18th Pl.		Amount 418.28	
City Hollywood	State FL	Zip Code 33028	Transaction ID : D340176
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	836.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 6 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Marquell Drigo

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 6240 NW 14th Pl.

Amount

418.28

City State Zip Code
Fort Lauderdale FL 33313

Transaction ID : D340177

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: _____ District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Marquell Drigo

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 6240 NW 14th Pl.

Amount

418.28

City State Zip Code
Fort Lauderdale FL 33313

Transaction ID : D340178

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
State: FL District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

836.56

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 7 OF 138

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report☒ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

Nelson Dubreus

Date

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2012

Mailing Address 1720 NW 7th Terrace

Amount

418.28

City State Zip Code
Fort Lauderdale FL 33311

Transaction ID : D340179

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State: _____
☐ Senate District: _____
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Nelson Dubreus

Date

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2012

Mailing Address 1720 NW 7th Terrace

Amount

418.28

City State Zip Code
Fort Lauderdale FL 33311

Transaction ID : D340180

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State: FL
☒ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

836.56

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 8 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Brian Dunlop

Date

MM / DD / YYYY

Mailing Address 130 NE 41st St., #8

Amount

City State Zip Code
Fort Lauderdale FL 33334

418.28

Transaction ID : D340181

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: _____ District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Brian Dunlop

Date

MM / DD / YYYY

Mailing Address 130 NE 41st St., #8

Amount

City State Zip Code
Fort Lauderdale FL 33334

418.28

Transaction ID : D340182

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
State: FL District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

836.56

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 9 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Enode Duvercy		Date 10 / 16 / 2012	
Mailing Address 2324 NW 15th St.		Amount 418.28	
City Fort Lauderdale	State FL	Zip Code 33311	Transaction ID : D340183
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Enode Duvercy		Date 10 / 16 / 2012	
Mailing Address 2324 NW 15th St.		Amount 418.28	
City Fort Lauderdale	State FL	Zip Code 33311	Transaction ID : D340184
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	836.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 10 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Patrinda Duvercy

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 906 NW 2nd Ave.

Amount

418.28

City

Ft. Lauderdale

State

FL

Zip Code

33371

Transaction ID : D340185

Purpose of Expenditure

Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought:

☐ House

State:

☐ Senate

District:

☒ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Calendar Year-To-Date Per Election
for Office Sought

2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Patrinda Duvercy

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 906 NW 2nd Ave.

Amount

418.28

City

Ft. Lauderdale

State

FL

Zip Code

33371

Transaction ID : D340186

Purpose of Expenditure

Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought:

☐ House

State: FL

☒ Senate

District:

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Calendar Year-To-Date Per Election
for Office Sought

288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

836.56

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 11 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Marie Fleuridor

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 17335 NW 7 Ave., #109

Amount

418.28

City State Zip Code
Miami FL 33169

Transaction ID : D340187

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: _____ District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Marie Fleuridor

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 17335 NW 7 Ave., #109

Amount

418.28

City State Zip Code
Miami FL 33169

Transaction ID : D340188

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
State: FL District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

836.56

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 12 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Gladys Gomez

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 7351 NW 20th Court

Amount

418.28

City State Zip Code
Fort Lauderdale FL 33313

Transaction ID : D340189

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: _____ District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Gladys Gomez

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 7351 NW 20th Court

Amount

418.28

City State Zip Code
Fort Lauderdale FL 33313

Transaction ID : D340190

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
State: FL District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

836.56

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 13 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Zanolee Grant

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 151 NW 154th St.

Amount

418.28

City State Zip Code
Miami FL 33169

Transaction ID : D340191

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State:
☐ Senate District:
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Zanolee Grant

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 151 NW 154th St.

Amount

418.28

City State Zip Code
Miami FL 33169

Transaction ID : D340192

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State: FL
☒ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

836.56

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 14 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Anton McCormack		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 1410 NW 33rd Terrace		Amount 418.28	
City Fort Lauderdale	State FL	Zip Code 33311	Transaction ID : D340193
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Anton McCormack		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 1410 NW 33rd Terrace		Amount 418.28	
City Fort Lauderdale	State FL	Zip Code 33311	Transaction ID : D340194
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	836.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 15 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y			

Full Name (Last, First, Middle Initial) of Payee Brayam Morales			Date M M / D D / Y Y Y Y Y Y 10 / 16 / 2012	
Mailing Address 3101 Port Royale Blvd Apt 936			Amount 418.28	
City Fort Lauderdale	State FL	Zip Code 33308-7818	Transaction ID : D340195	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type 	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Brayam Morales			Date M M / D D / Y Y Y Y Y Y 10 / 16 / 2012	
Mailing Address 3101 Port Royale Blvd Apt 936			Amount 418.28	
City Fort Lauderdale	State FL	Zip Code 33308-7818	Transaction ID : D340196	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type 	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	836.56
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 16 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name (Last, First, Middle Initial) of Payee Ryanbo Morales			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Mailing Address 365 NE 191st			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 10 / 16 / 2012 </div>	
City Miami	State FL	Zip Code 33179	Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 418.28 </div>	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6			Transaction ID : D340198	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 2743623.99 </div>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			2012	

Full Name (Last, First, Middle Initial) of Payee Ryanbo Morales			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Mailing Address 365 NE 191st			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 10 / 16 / 2012 </div>	
City Miami	State FL	Zip Code 33179	Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 418.28 </div>	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6			Transaction ID : D340199	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 288805.97 </div>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____			2012	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

 10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 17 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC			FEC IDENTIFICATION NUMBER ▼ C C00521013		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee Joy Myton			Date M M / D D / Y Y Y Y Y Y Y Y 10 / 16 / 2012		
Mailing Address 795 NW 72 Terrace			Amount 418.28		
City Pompano Beach		State FL	Zip Code 33063		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type 		Transaction ID : D340200	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____		
Calendar Year-To-Date Per Election for Office Sought 2743623.99			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		
Full Name (Last, First, Middle Initial) of Payee Joy Myton			Date M M / D D / Y Y Y Y Y Y Y Y 10 / 16 / 2012		
Mailing Address 795 NW 72 Terrace			Amount 418.28		
City Pompano Beach		State FL	Zip Code 33063		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type 		Transaction ID : D340201	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____		
Calendar Year-To-Date Per Election for Office Sought 288805.97			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....			836.56		
(b) SUBTOTAL of Unitemized Independent Expenditures			 		
(c) TOTAL Independent Expenditures.....			 		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Gihan Perera</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date M M / D D / Y Y Y Y Y Y Y Y 10 / 18 / 2012</p>					

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 18 OF 138

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Maria Palomanes

Date

MM / DD / YYYY

Mailing Address 227 SE 1st, Apt. A

Amount

City State Zip Code
Dania FL 33004

418.28

Transaction ID : D340202

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State:
☐ Senate District:
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Maria Palomanes

Date

MM / DD / YYYY

Mailing Address 227 SE 1st, Apt. A

Amount

City State Zip Code
Dania FL 33004

418.28

Transaction ID : D340203

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State: FL
☒ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

836.56

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 19 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Virginia Quintanilla

Date

MM / DD / YYYY

Mailing Address 415 SE 3rd Ave., Apt. 6

Amount

418.28

City State Zip Code
Hallandale FL 33009

Transaction ID : D340204

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: District:

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Virginia Quintanilla

Date

MM / DD / YYYY

Mailing Address 415 SE 3rd Ave., Apt. 6

Amount

418.28

City State Zip Code
Hallandale FL 33009

Transaction ID : D340205

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
State: FL District:

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

836.56

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 20 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Vinson Renaud

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 1107 NW 15th Pl.

Amount

418.28

City State Zip Code
Fort Lauderdale FL 33311

Transaction ID : D340206

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: District:

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Vinson Renaud

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 1107 NW 15th Pl.

Amount

418.28

City State Zip Code
Fort Lauderdale FL 33311

Transaction ID : D340207

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
State: FL District:

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

836.56

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 21 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Milagros Rodriguez		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2837 NW 184 Terrace		Amount 418.28	
City Hollywood	State FL	Zip Code 33029	Transaction ID : D340208
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Milagros Rodriguez		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2837 NW 184 Terrace		Amount 418.28	
City Hollywood	State FL	Zip Code 33029	Transaction ID : D340210
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	836.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 22 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Carlisle Sumintra		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2850 SW 18 Terr., #17		Amount 418.28	
City Fort Lauderdale	State FL	Zip Code 33315	Transaction ID : D340211
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Carlisle Sumintra		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2850 SW 18 Terr., #17		Amount 418.28	
City Fort Lauderdale	State FL	Zip Code 33315	Transaction ID : D340212
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	836.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 23 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Jimmy Williams		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 1420 NW 9th St., Apt. 13		Amount 418.28	
City Fort Lauderdale	State FL	Zip Code 33311	Transaction ID : D340214
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Jimmy Williams		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 1420 NW 9th St., Apt. 13		Amount 418.28	
City Fort Lauderdale	State FL	Zip Code 33311	Transaction ID : D340216
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	836.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 24 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Cornelius Wilson

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 6240 NW 14th Pl.

Amount

418.28

City State Zip Code
Fort Lauderdale FL 33313

Transaction ID : D340218

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: _____ District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Cornelius Wilson

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 6240 NW 14th Pl.

Amount

418.28

City State Zip Code
Fort Lauderdale FL 33313

Transaction ID : D340219

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
State: FL District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

836.56

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 25 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Shonaye Wright		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 5119 NW 16th Pl., Apt 3		Amount 418.28	
City Fort Lauderdale	State FL	Zip Code 33313	Transaction ID : D340222
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Shonaye Wright		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 5119 NW 16th Pl., Apt 3		Amount 418.28	
City Fort Lauderdale	State FL	Zip Code 33313	Transaction ID : D340223
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	836.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 26 OF 138

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Albertine Bazile

Date

MM / DD / YYYY

Mailing Address 749 SW 7 Terrace

Amount

281.39

City State Zip Code
Homestead FL 33034

Transaction ID : D340226

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State:
☐ Senate District:
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Albertine Bazile

Date

MM / DD / YYYY

Mailing Address 749 SW 7 Terrace

Amount

281.39

City State Zip Code
Homestead FL 33034

Transaction ID : D340227

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State: FL
☒ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

562.78

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 27 OF 138

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Albertine Bazile

Date

MM / DD / YYYY

Mailing Address 749 SW 7 Terrace

Amount

281.39

City State Zip Code
Homestead FL 33034

Transaction ID : D340229

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☒ House State: FL
☐ Senate District: 26
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

JOE GARCIA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

171014.85

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Remy Bornelus

Date

MM / DD / YYYY

Mailing Address 13151 SW 265 Terr

Amount

281.39

City State Zip Code
Homestead FL 33032

Transaction ID : D340230

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State:
☐ Senate District:
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

562.78

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 28 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Remy Bornelus

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 13151 SW 265 Terr

Amount

281.39

City State Zip Code
Homestead FL 33032

Transaction ID : D340231

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State: FL
☒ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Remy Bornelus

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 13151 SW 265 Terr

Amount

281.39

City State Zip Code
Homestead FL 33032

Transaction ID : D340233

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☒ House State: FL
☐ Senate District: 26
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

JOE GARCIA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

171014.85

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....

562.78

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 29 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Arely Castrejon

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 665 SW 15 St.

Amount

281.39

City State Zip Code
Homestead FL 33034

Transaction ID : D340234

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: District:

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Arely Castrejon

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 665 SW 15 St.

Amount

281.39

City State Zip Code
Homestead FL 33034

Transaction ID : D340236

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 26

Name of Federal Candidate Supported or Opposed by Expenditure:

JOE GARCIA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

171014.85

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

562.78

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 30 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Arely Castrejon

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 665 SW 15 St.

Amount

281.39

City State Zip Code
Homestead FL 33034

Transaction ID : D340238

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State: FL
☒ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Aide Cortes

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 1481 Kia Dr.

Amount

281.39

City State Zip Code
Homestead FL 33033

Transaction ID : D340240

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State:
☐ Senate District:
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

562.78

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 31 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Aide Cortes

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 1481 Kia Dr.

Amount

281.39

City State Zip Code
Homestead FL 33033

Transaction ID : D340241

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State: FL
☒ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Aide Cortes

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 1481 Kia Dr.

Amount

281.39

City State Zip Code
Homestead FL 33033

Transaction ID : D340243

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☒ House State: FL
☐ Senate District: 26
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

JOE GARCIA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 171014.85

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....

562.78

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 32 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name (Last, First, Middle Initial) of Payee Jose Diego Cuellar		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M / D D / Y Y Y Y Y Y </div> 10 / 16 / 2012
Mailing Address 211 SW 6th Ct.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">281.39</div>
City Homestead	State FL	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2743623.99</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : D340244

Full Name (Last, First, Middle Initial) of Payee Jose Diego Cuellar		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M / D D / Y Y Y Y Y Y </div> 10 / 16 / 2012
Mailing Address 211 SW 6th Ct.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">281.39</div>
City Homestead	State FL	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: FL District: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">288805.97</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : D340245

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">562.78</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 33 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Jose Diego Cuellar			Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 211 SW 6th Ct.			Amount 281.39	
City Homestead	State FL	Zip Code 33034	Transaction ID : D340246	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 26	
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 171014.85			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Guadalupe Delacruz			Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 344 NW 2nd Ave., #3			Amount 281.39	
City Homestead	State FL	Zip Code 33030	Transaction ID : D340249	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	562.78
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 34 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Guadalupe Delacruz		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 344 NW 2nd Ave., #3		Amount 281.39	
City Homestead	State FL	Zip Code 33030	Transaction ID : D340250
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Guadalupe Delacruz		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 344 NW 2nd Ave., #3		Amount 281.39	
City Homestead	State FL	Zip Code 33030	Transaction ID : D340251
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 26
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 171014.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	562.78
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 35 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Micheline Dore

Date

MM / DD / YYYY

Mailing Address 740 NW 5 St.

Amount

281.39

City State Zip Code
Homestead FL 33034

Transaction ID : D340257

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: District:

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Micheline Dore

Date

MM / DD / YYYY

Mailing Address 740 NW 5 St.

Amount

281.39

City State Zip Code
Homestead FL 33034

Transaction ID : D340259

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
State: FL District:

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

562.78

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 36 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Micheline Dore

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 740 NW 5 St.

Amount

281.39

City State Zip Code
Homestead FL 33034

Transaction ID : D340261

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☒ House State: FL
☐ Senate District: 26
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

JOE GARCIA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

171014.85

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Joseph Dorsinvil

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 25920 SW 143 Ct, # 313

Amount

281.39

City State Zip Code
Homestead FL 33032

Transaction ID : D340262

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State:
☐ Senate District:
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

562.78

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 37 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Joseph Dorsinvil		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 25920 SW 143 Ct, # 313		Amount 281.39	
City Homestead	State FL	Zip Code 33032	Transaction ID : D340264
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Joseph Dorsinvil		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 25920 SW 143 Ct, # 313		Amount 281.39	
City Homestead	State FL	Zip Code 33032	Transaction ID : D340265
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 26
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 171014.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	562.78
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 38 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Maira Gaspar			Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 328 NW 5th Ave.			Amount 281.39	
City Homestead	State FL	Zip Code 33030	Transaction ID : D340266	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Maira Gaspar			Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 328 NW 5th Ave.			Amount 281.39	
City Homestead	State FL	Zip Code 33030	Transaction ID : D340267	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	562.78
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 39 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Maira Gaspar			Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 328 NW 5th Ave.			Amount 281.39	
City Homestead	State FL	Zip Code 33030	Transaction ID : D340268	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 26	
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 171014.85			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Maritza Gonzalez			Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 12211 SW 264 St.			Amount 281.39	
City Homestead	State FL	Zip Code 33032	Transaction ID : D340270	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	562.78
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 40 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Maritza Gonzalez

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 12211 SW 264 St.

Amount

281.39

City State Zip Code
Homestead FL 33032

Transaction ID : D340271

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State: FL
☒ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Maritza Gonzalez

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 12211 SW 264 St.

Amount

281.39

City State Zip Code
Homestead FL 33032

Transaction ID : D340272

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☒ House State: FL
☐ Senate District: 26
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

JOE GARCIA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

171014.85

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

562.78

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 41 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Sarai Hernandez		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address		Amount 281.39
City	State Zip Code	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D340273

Full Name (Last, First, Middle Initial) of Payee Sarai Hernandez		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address		Amount 281.39
City	State Zip Code	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D340275

(a) SUBTOTAL of Itemized Independent Expenditures.....	562.78
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 42 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Sarai Hernandez		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address		Amount 281.39	
City	State	Zip Code	Transaction ID : D340277
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 26
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 171014.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Adriana Ibanez		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 1062 NW 12 St.		Amount 281.39	
City	State	Zip Code	Transaction ID : D340279
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	562.78
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 43 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Adriana Ibanez

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 1062 NW 12 St.

Amount

281.39

City State Zip Code
Homestead FL 33030

Transaction ID : D340280

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State: FL
☒ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Adriana Ibanez

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 1062 NW 12 St.

Amount

281.39

City State Zip Code
Homestead FL 33030

Transaction ID : D340282

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☒ House State: FL
☐ Senate District: 26
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

JOE GARCIA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

171014.85

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....

562.78

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 44 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Elena Loarca			Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 1010 NE 9th St			Amount 281.39	
City Homestead	State FL	Zip Code 33030	Transaction ID : D340284	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Elena Loarca			Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 1010 NE 9th St			Amount 281.39	
City Homestead	State FL	Zip Code 33030	Transaction ID : D340285	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	562.78
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 45 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Elena Loarca		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 1010 NE 9th St		Amount 281.39	
City Homestead	State FL	Zip Code 33030	Transaction ID : D340286
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 26
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 171014.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Robert Mentor		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 277 NE 9th Ct.		Amount 281.39	
City Homestead	State FL	Zip Code 33030	Transaction ID : D340290
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	562.78
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 46 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M / D D / Y Y Y Y Y Y </div>			
Full Name (Last, First, Middle Initial) of Payee Robert Mentor		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address 277 NE 9th Ct.		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 281.39 </div>	
City Homestead	State FL	Zip Code 33030	Transaction ID : D340292 Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">288805.97</div>			
Full Name (Last, First, Middle Initial) of Payee Robert Mentor		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address 277 NE 9th Ct.		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 281.39 </div>	
City Homestead	State FL	Zip Code 33030	Transaction ID : D340293 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 26 Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">171014.85</div>			
(a) SUBTOTAL of Itemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">562.78</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Gihan Perera</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M / D D / Y Y Y Y Y Y </div>	
[Electronically Filed]			

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 47 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Jaime Novoa		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 1144NE 1 Terr.		Amount 281.39	
City Homestead	State FL	Zip Code 33030	Transaction ID : D340298
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Jaime Novoa		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 1144NE 1 Terr.		Amount 281.39	
City Homestead	State FL	Zip Code 33030	Transaction ID : D340299
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	562.78
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 48 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name (Last, First, Middle Initial) of Payee Jaime Novoa			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Mailing Address 1144NE 1 Terr.			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> 10 / 16 / 2012 </div>	
City Homestead	State FL	Zip Code 33030	Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px; text-align: right;"> 281.39 </div>	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6			Transaction ID : D340300	
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <u>FL</u> District: <u>26</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 171014.85 </div>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			2012	

Full Name (Last, First, Middle Initial) of Payee Felecia O'Neal			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	
Mailing Address 405 SW 7th Ct			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> 10 / 16 / 2012 </div>	
City Homestead	State FL	Zip Code 33034	Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px; text-align: right;"> 281.39 </div>	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6			Transaction ID : D340301	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 2743623.99 </div>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			2012	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"> 562.78 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"> 562.78 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

 10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 49 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name (Last, First, Middle Initial) of Payee Felecia O'Neal		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M / D D / Y Y Y Y Y Y </div> 10 / 16 / 2012
Mailing Address 405 SW 7th Ct		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">281.39</div>
City Homestead	State FL	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">288805.97</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : D340302

Full Name (Last, First, Middle Initial) of Payee Felecia O'Neal		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M / D D / Y Y Y Y Y Y </div> 10 / 16 / 2012
Mailing Address 405 SW 7th Ct		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">281.39</div>
City Homestead	State FL	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 26
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">171014.85</div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : D340303

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; width: 150px;">562.78</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; width: 150px;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; width: 150px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 50 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Leidy Perez			Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 1201 NW 8 St			Amount 281.39	
City Homestead	State FL	Zip Code 33030	Transaction ID : D340307	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Leidy Perez			Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 1201 NW 8 St			Amount 281.39	
City Homestead	State FL	Zip Code 33030	Transaction ID : D340308	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	562.78
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 51 OF 138

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report☒ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

Leidy Perez

Date

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2012

Mailing Address 1201 NW 8 St

Amount

281.39

City State Zip Code
Homestead FL 33030

Transaction ID : D340310

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☒ House State: FL
☐ Senate District: 26
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

JOE GARCIA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

171014.85

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Domingo Ramirez

Date

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2012

Mailing Address 1035 NE 3rd Ave.

Amount

281.39

City State Zip Code
Homestead FL 33030

Transaction ID : D340315

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State:
☐ Senate District:
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

562.78

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 52 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Domingo Ramirez

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 1035 NE 3rd Ave.

Amount

281.39

City State Zip Code
Homestead FL 33030

Transaction ID : D340316

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State: FL
☒ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Domingo Ramirez

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 1035 NE 3rd Ave.

Amount

281.39

City State Zip Code
Homestead FL 33030

Transaction ID : D340318

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☒ House State: FL
☐ Senate District: 26
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

JOE GARCIA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

171014.85

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

562.78

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 53 OF 138

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Nicolas Rubio

Date

MM / DD / YYYY

Mailing Address 31847 SW 136th Ave.

Amount

281.39

City State Zip Code
Homestead FL 33033

Transaction ID : D340320

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: _____ District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Nicolas Rubio

Date

MM / DD / YYYY

Mailing Address 31847 SW 136th Ave.

Amount

281.39

City State Zip Code
Homestead FL 33033

Transaction ID : D340322

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
State: FL District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

562.78

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 54 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC			FEC IDENTIFICATION NUMBER ▼ C C00521013		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					

Full Name (Last, First, Middle Initial) of Payee Nicolas Rubio			Date M M / D D / Y Y Y Y Y Y 10 / 16 / 2012		
Mailing Address 31847 SW 136th Ave.			Amount 281.39		
City Homestead	State FL	Zip Code 33033	Transaction ID : D340323		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type 	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 26		
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 171014.85			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		

Full Name (Last, First, Middle Initial) of Payee Judith Famania			Date M M / D D / Y Y Y Y Y Y 10 / 16 / 2012		
Mailing Address 336 SW 3 St			Amount 281.39		
City Homestead	State FL	Zip Code 33034	Transaction ID : D340325		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:		
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 2743623.99			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	562.78
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 55 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Judith Famania

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 336 SW 3 St

Amount

281.39

City State Zip Code
Homestead FL 33034

Transaction ID : D340327

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State: FL
☒ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Judith Famania

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 336 SW 3 St

Amount

281.39

City State Zip Code
Homestead FL 33034

Transaction ID : D340329

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☒ House State: FL
☐ Senate District: 26
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

JOE GARCIA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

171014.85

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

562.78

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 56 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Alex Vanegas

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 450 Davis Parkway

Amount

281.39

City State Zip Code
Homestead FL 33034

Transaction ID : D340331

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: District:

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Alex Vanegas

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 450 Davis Parkway

Amount

281.39

City State Zip Code
Homestead FL 33034

Transaction ID : D340332

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
State: FL District:

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....

562.78

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 57 OF 138

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Alex Vanegas

Date

MM / DD / YYYY

Mailing Address 450 Davis Parkway

Amount

City State Zip Code
Homestead FL 33034

281.39

Transaction ID : D340333

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☒ House State: FL
☐ Senate District: 26
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

JOE GARCIA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

171014.85

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Marilyn Carter

Date

MM / DD / YYYY

Mailing Address 1320 W 11 St

Amount

City State Zip Code
Jacksonville FL 32209

418.28

Transaction ID : D340335

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State:
☐ Senate District:
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

699.67

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 58 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Marilyn Carter

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 1320 W 11 St

Amount

418.28

City State Zip Code
Jacksonville FL 32209

Transaction ID : D340337

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State: FL
☒ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Devin Coleman

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 736 Odessa Street

Amount

418.28

City State Zip Code
Jacksonville FL 32206

Transaction ID : D340340

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State:
☐ Senate District:
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

836.56

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 59 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Devin Coleman			Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 736 Odessa Street			Amount 418.28	
City Jacksonville	State FL	Zip Code 32206	Transaction ID : D340341	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Keanna Hall			Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 10862 Natalie Dr			Amount 418.28	
City Jacksonville	State FL	Zip Code 32218	Transaction ID : D340342	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	836.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 60 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Keanna Hall

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 10862 Natalie Dr

Amount

418.28

City State Zip Code
Jacksonville FL 32218

Transaction ID : D340343

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State: FL
☒ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Marta Marcano

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 420 E Galvez Lane Apt 206

Amount

418.28

City State Zip Code
Ponte Vedra FL 32081

Transaction ID : D340344

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State:
☐ Senate District:
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

836.56

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 61 OF 138

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Marta Marcano

Date

MM / DD / YYYY

Mailing Address 420 E Galvez Lane Apt 206

Amount

418.28

City

Ponte Vedra

State

FL

Zip Code

32081

Transaction ID : D340345

Purpose of Expenditure

Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought:

☐ House

State: FL

☒ Senate

District:

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Calendar Year-To-Date Per Election
for Office Sought

288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Adil McCoy

Date

MM / DD / YYYY

Mailing Address 530 Fallen Timbers

Amount

418.28

City

Orange Park

State

FL

Zip Code

32073

Transaction ID : D340346

Purpose of Expenditure

Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought:

☐ House

State: FL

☒ Senate

District:

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Calendar Year-To-Date Per Election
for Office Sought

288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

836.56

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 62 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Adil McCoy		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 530 Fallen Timbers		Amount 418.28	
City Orange Park	State FL	Zip Code 32073	Transaction ID : D340348
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Orlando Reyes		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 5807 Ricker Road		Amount 418.28	
City Jacksonville	State FL	Zip Code 32244	Transaction ID : D340349
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	836.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 63 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y			
Full Name (Last, First, Middle Initial) of Payee Orlando Reyes		Date M M / D D / Y Y Y Y Y Y Y Y 10 / 16 / 2012	
Mailing Address 5807 Ricker Road		Amount 418.28	
City Jacksonville	State FL	Zip Code 32244	Transaction ID : D340350
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type 	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee Velma Rounsville		Date M M / D D / Y Y Y Y Y Y Y Y 10 / 16 / 2012	
Mailing Address 3238 Sedona Trail		Amount 418.28	
City Jacksonville	State FL	Zip Code 32208	Transaction ID : D340351
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type 	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		836.56	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		 	
(c) TOTAL Independent Expenditures..... ▶		 	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Gihan Perera</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date M M / D D / Y Y Y Y Y Y Y Y 10 / 18 / 2012</p>			

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 64 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Velma Rounsville

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 3238 Sedona Trail

Amount

418.28

City State Zip Code
Jacksonville FL 32208

Transaction ID : D340352

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State: FL
☒ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Troy Squire

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 1356 W 32 Street

Amount

418.28

City State Zip Code
Jacksonville FL 32209

Transaction ID : D340353

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State:
☐ Senate District:
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

836.56

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 65 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Troy Squire		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 1356 W 32 Street		Amount 418.28	
City Jacksonville	State FL	Zip Code 32209	Transaction ID : D340354
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Cameron Starks		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 3919 Robert C Weaver Drive		Amount 418.28	
City Jacksonville	State FL	Zip Code 32208	Transaction ID : D340355
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	836.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 66 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Cameron Starkes

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 3919 Robert C Weaver Drive

Amount

418.28

City State Zip Code
Jacksonville FL 32208

Transaction ID : D340357

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State: FL
☒ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Ellis White

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 5571 Longspur Ave

Amount

418.28

City State Zip Code
Jacksonville FL 32219

Transaction ID : D340359

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State:
☐ Senate District:
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

836.56

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 67 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Ellis White			Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 5571 Longspur Ave			Amount 418.28	
City Jacksonville	State FL	Zip Code 32219	Transaction ID : D340360	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Maria Acevedo			Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2121 SW 2 Street Apt 7			Amount 418.28	
City Miami	State FL	Zip Code 33135	Transaction ID : D340361	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	836.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 68 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Maria Acevedo		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2121 SW 2 Street Apt 7		Amount 418.28	
City Miami	State FL	Zip Code 33135	Transaction ID : D340362
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Lubby Arguello		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 1567 SW 4 Street Apt 10		Amount 418.28	
City Miami	State FL	Zip Code 33135	Transaction ID : D340364
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	836.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 69 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Lubby Arguello		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 1567 SW 4 Street Apt 10		Amount 418.28	
City Miami	State FL	Zip Code 33135	Transaction ID : D340365
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Marie Camy		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2131 NE Miami Gardens Drive		Amount 418.28	
City North Miami Beach	State FL	Zip Code 33179	Transaction ID : D340367
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	836.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 70 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Marie Camy

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 2131 NE Miami Gardens Drive

Amount

418.28

City State Zip Code
North Miami Beach FL 33179

Transaction ID : D340368

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: _____ District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Lawrence Cuervo

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 15705 Miami Lakeway N

Amount

418.28

City State Zip Code
Miami Lakes FL 33014

Transaction ID : D340369

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: _____ District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

836.56

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 71 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Lawrence Cuervo		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 15705 Miami Lakeway N		Amount 418.28	
City Miami Lakes	State FL	Zip Code 33014	Transaction ID : D340370
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Keren Frederick		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 1341 NE 143 Street		Amount 418.28	
City Miami	State FL	Zip Code 33161	Transaction ID : D340371
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	836.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 72 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name (Last, First, Middle Initial) of Payee Keren Frederick		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 5px;"> M M M / D D D / Y Y Y Y Y Y </div> 10 / 16 / 2012
Mailing Address 1341 NE 143 Street		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"> 418.28 </div>
City Miami	State FL	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"> 288805.97 </div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : D340372

Full Name (Last, First, Middle Initial) of Payee Rochelle Jackson		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 5px;"> M M M / D D D / Y Y Y Y Y Y </div> 10 / 16 / 2012
Mailing Address PO Box 380265		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"> 418.28 </div>
City Miami	State FL	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"> 2743623.99 </div>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : D340373

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"> _____ </div>
(c) TOTAL Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 150px;"> _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Signature

Date

M M M / D D D / Y Y Y Y Y Y

 10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 73 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Rochelle Jackson

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address PO Box 380265

Amount

418.28

City State Zip Code
Miami FL 33238

Transaction ID : D340374

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State: FL
☒ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Johann Joseph

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 2131 NE Miami Gardens Drive

Amount

418.28

City State Zip Code
North Miami Beach FL 33179

Transaction ID : D340375

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State:
☐ Senate District:
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

836.56

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 74 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Johann Joseph

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 2131 NE Miami Gardens Drive

Amount

418.28

City State Zip Code
North Miami Beach FL 33179

Transaction ID : D340376

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State: FL
☒ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Thamara LaCruz

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 21325 NE 8 Place #1K

Amount

418.28

City State Zip Code
Miami FL 33179

Transaction ID : D340377

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State:
☐ Senate District:
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

836.56

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 75 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name (Last, First, Middle Initial) of Payee Thamara LaCruz		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M / D D / Y Y Y Y Y Y </div> 10 / 16 / 2012	
Mailing Address 21325 NE 8 Place #1K		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 100%;"> 418.28 </div>	
City Miami	State FL	Zip Code 33179	Transaction ID : D340378 Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 100%;"> 288805.97 </div>	

Full Name (Last, First, Middle Initial) of Payee Gennary Merchan		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M / D D / Y Y Y Y Y Y </div> 10 / 16 / 2012	
Mailing Address 12990 SW 63 Ter. Apt 606		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; width: 100%;"> 418.28 </div>	
City Miami	State FL	Zip Code 33183	Transaction ID : D340379 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 100%;"> 2743623.99 </div>	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 100%;"> 836.56 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 100%;"> _____ </div>
(c) TOTAL Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; width: 100%;"> _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

 10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 76 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Gennary Merchan

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 12990 SW 63 Ter. Apt 606

Amount

418.28

City State Zip Code
Miami FL 33183

Transaction ID : D340380

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State: FL
☒ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Harold Pendas

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 1222 NW 58 ST

Amount

418.28

City State Zip Code
Miami FL 33142

Transaction ID : D340381

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State:
☐ Senate District:
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

836.56

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 77 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Harold Pendas

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 1222 NW 58 ST

Amount

418.28

City State Zip Code
Miami FL 33142

Transaction ID : D340382

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State: FL
☒ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Rossana Torres

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 8820 Fontainebleau Blvd Apt 206

Amount

418.28

City State Zip Code
Miami FL 33172

Transaction ID : D340383

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State:
☐ Senate District:
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

836.56

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 78 OF 138

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Rossana Torres

Date

MM / DD / YYYY

Mailing Address 8820 Fontainebleau Blvd Apt 206

Amount

418.28

City State Zip Code
Miami FL 33172

Transaction ID : D340384

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State: FL
☒ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Louikens Toussaint

Date

MM / DD / YYYY

Mailing Address 429 NW 84 Terrace

Amount

418.28

City State Zip Code
Miami FL 33150

Transaction ID : D340385

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State:
☐ Senate District:
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

836.56

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 79 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Louikens Toussaint

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 429 NW 84 Terrace

Amount

418.28

City State Zip Code
Miami FL 33150

Transaction ID : D340386

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State: FL
☒ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Maria Zavala

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 12641 Sw 35 Street

Amount

418.28

City State Zip Code
Miami FL 33175

Transaction ID : D340387

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State:
☐ Senate District:
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

836.56

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 80 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name (Last, First, Middle Initial) of Payee Maria Zavala		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 12641 Sw 35 Street		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 10 / 16 / 2012 </div>
City Miami	State FL	Zip Code 33175
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 418.28 </div>
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Transaction ID : D340388
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 288805.97 </div>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Larniece Alexander-Weisz		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 5436 Eugeneia Court		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 10 / 16 / 2012 </div>
City Orlando	State FL	Zip Code 32811
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 160.47 </div>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Transaction ID : D340389
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 2743623.99 </div>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 578.75 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> _____ </div>
(c) TOTAL Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 81 OF 138

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report☒ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

Larniece Alexander-Weisz

Date

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2012

Mailing Address 5436 Eugeneia Court

Amount

160.47

City
OrlandoState
FLZip Code
32811

Transaction ID : D340390

Purpose of Expenditure

Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought:

☐ House

State: FL

☒ Senate

District:

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Calendar Year-To-Date Per Election
for Office Sought

288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Larniece Alexander-Weisz

Date

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2012

Mailing Address 5436 Eugeneia Court

Amount

160.47

City
OrlandoState
FLZip Code
32811

Transaction ID : D340391

Purpose of Expenditure

Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought:

☒ House

State: FL

☐ Senate

District: 10

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

VALDEZ VAL DEMINGS

Calendar Year-To-Date Per Election
for Office Sought

3957.29

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

320.94

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 82 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Dionne Allen		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 12303 Bohannon Blvd		Amount 160.47	
City Orlando	State FL	Zip Code 32824	Transaction ID : D340392
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Dionne Allen		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 12303 Bohannon Blvd		Amount 160.47	
City Orlando	State FL	Zip Code 32824	Transaction ID : D340393
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	320.94
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 83 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Dionne Allen

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 12303 Bohannon Blvd

Amount

160.47

City State Zip Code
Orlando FL 32824

Transaction ID : D340394

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☒ House State: FL
☐ Senate District: 10
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

VALDEZ VAL DEMINGS

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

3957.29

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Pilar Burgos

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 4214 Pershing Pointe Place #3

Amount

160.47

City State Zip Code
Orlando FL 32822

Transaction ID : D340395

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State:
☐ Senate District:
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

320.94

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 84 OF 138

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Pilar Burgos

Date

MM / DD / YYYY

Mailing Address 4214 Pershing Pointe Place #3

Amount

160.47

City State Zip Code
Orlando FL 32822

Transaction ID : D340396

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State: FL
☒ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Pilar Burgos

Date

MM / DD / YYYY

Mailing Address 4214 Pershing Pointe Place #3

Amount

160.47

City State Zip Code
Orlando FL 32822

Transaction ID : D340397

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☒ House State: FL
☐ Senate District: 10
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

VALDEZ VAL DEMINGS

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

3957.29

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

320.94

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 85 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Linda Echeverria			Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 11305 Spining Reel			Amount 160.47	
City Orlando	State FL	Zip Code 32852	Transaction ID : D340399	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Linda Echeverria			Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 11305 Spining Reel			Amount 160.47	
City Orlando	State FL	Zip Code 32852	Transaction ID : D340400	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	320.94
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 86 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Linda Echeverria		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 11305 Spining Reel		Amount 160.47	
City Orlando	State FL	Zip Code 32852	Transaction ID : D340401
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Emanuel Glenn		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address		Amount 160.47	
City	State	Zip Code	Transaction ID : D340402
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	320.94
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 87 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Emanuel Glenn		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address		Amount 160.47	
City	State	Zip Code	Transaction ID : D340403
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Emanuel Glenn		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address		Amount 160.47	
City	State	Zip Code	Transaction ID : D340404
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	320.94
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 88 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Evon Hammond		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 3137 Floral Way East		Amount 160.47	
City Apopka	State FL	Zip Code 32703	Transaction ID : D340405
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Evon Hammond		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 3137 Floral Way East		Amount 160.47	
City Apopka	State FL	Zip Code 32703	Transaction ID : D340406
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	320.94
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 89 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y			
Full Name (Last, First, Middle Initial) of Payee Evon Hammond		Date M M / D D / Y Y Y Y Y Y Y Y 10 / 16 / 2012	
Mailing Address 3137 Floral Way East		Amount 160.47	
City Apopka	State FL	Zip Code 32703	Transaction ID : D340407
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type 	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3957.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) 	
Full Name (Last, First, Middle Initial) of Payee Debora Hunte		Date M M / D D / Y Y Y Y Y Y Y Y 10 / 16 / 2012	
Mailing Address		Amount 160.47	
City	State	Zip Code	Transaction ID : D340408
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) 	
(a) SUBTOTAL of Itemized Independent Expenditures.....		320.94	
(b) SUBTOTAL of Unitemized Independent Expenditures		 	
(c) TOTAL Independent Expenditures.....		 	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Gihan Perera</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date M M / D D / Y Y Y Y Y Y Y Y 10 / 18 / 2012</p>			

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 90 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Debora Hunte		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address		Amount 160.47	
City	State	Zip Code	Transaction ID : D340409
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Debora Hunte		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address		Amount 160.47	
City	State	Zip Code	Transaction ID : D340410
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3957.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	320.94
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 91 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Justin Conner Jones		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2115 River Tree Circle		Amount 160.47	
City Orlando	State FL	Zip Code 32839	Transaction ID : D340412
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Justin Conner Jones		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2115 River Tree Circle		Amount 160.47	
City Orlando	State FL	Zip Code 32839	Transaction ID : D340414
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	320.94
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 92 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Justin Conner Jones

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 2115 River Tree Circle

Amount

160.47

City State Zip Code
Orlando FL 32839

Transaction ID : D340415

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☒ House State: FL
☐ Senate District: 10
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

VALDEZ VAL DEMINGS

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

3957.29

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Cartine Obas

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 2544 Robert Trent Jones Drive Unit

Amount

160.47

City State Zip Code
Orlando FL 32835

Transaction ID : D340416

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State:
☐ Senate District:
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

320.94

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 93 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Cartine Obas		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2544 Robert Trent Jones Drive Unit		Amount 160.47	
City Orlando	State FL	Zip Code 32835	Transaction ID : D340417
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Cartine Obas		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2544 Robert Trent Jones Drive Unit		Amount 160.47	
City Orlando	State FL	Zip Code 32835	Transaction ID : D340418
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3957.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	320.94
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 94 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Charles Obas		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2544 Robert Trent Jones Drive Unit		Amount 160.47	
City Orlando	State FL	Zip Code 32835	Transaction ID : D340419
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Charles Obas		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2544 Robert Trent Jones Drive Unit		Amount 160.47	
City Orlando	State FL	Zip Code 32835	Transaction ID : D340420
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	320.94
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 95 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Charles Obas

Date

MM / DD / YYYY

Mailing Address 2544 Robert Trent Jones Drive Unit

Amount

160.47

City State Zip Code
Orlando FL 32835

Transaction ID : D340421

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 10

Name of Federal Candidate Supported or Opposed by Expenditure:

VALDEZ VAL DEMINGS

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

3957.29

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

David O'Conner

Date

MM / DD / YYYY

Mailing Address 526 S Hampton Ave

Amount

160.47

City State Zip Code
Orlando FL 32803

Transaction ID : D340423

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: District:

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

320.94

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 96 OF 138

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

David O'Conner

Date

MM / DD / YYYY

Mailing Address 526 S Hampton Ave

Amount

160.47

City State Zip Code
Orlando FL 32803

Transaction ID : D340424

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State: FL
☒ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

David O'Conner

Date

MM / DD / YYYY

Mailing Address 526 S Hampton Ave

Amount

160.47

City State Zip Code
Orlando FL 32803

Transaction ID : D340425

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☒ House State: FL
☐ Senate District: 10
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

VALDEZ VAL DEMINGS

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

3957.29

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

320.94

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 97 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Gabriela Ortega			Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 3732 Aldergate Pl.			Amount 160.47	
City Casselberry	State FL	Zip Code 32707	Transaction ID : D340428	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Gabriela Ortega			Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 3732 Aldergate Pl.			Amount 160.47	
City Casselberry	State FL	Zip Code 32707	Transaction ID : D340431	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	320.94
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 98 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC			FEC IDENTIFICATION NUMBER ▼ C C00521013		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					

Full Name (Last, First, Middle Initial) of Payee Gabriela Ortega			Date M M / D D / Y Y Y Y Y Y 10 / 16 / 2012		
Mailing Address 3732 Aldergate Pl.			Amount 160.47		
City Casselberry	State FL	Zip Code 32707	Transaction ID : D340432		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type 	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10		
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 3957.29			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		

Full Name (Last, First, Middle Initial) of Payee Jonathan Ortega			Date M M / D D / Y Y Y Y Y Y 10 / 16 / 2012		
Mailing Address 3732 Aldergate PL			Amount 160.47		
City Casselberry	State FL	Zip Code 32707	Transaction ID : D340434		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:		
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 2743623.99			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	320.94
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 99 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC			FEC IDENTIFICATION NUMBER ▼ C C00521013		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					

Full Name (Last, First, Middle Initial) of Payee Jonathan Ortega			Date M M / D D / Y Y Y Y Y Y 10 / 16 / 2012		
Mailing Address 3732 Aldergate PL			Amount 160.47		
City Casselberry	State FL	Zip Code 32707	Transaction ID : D340437		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type 	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 288805.97			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		

Full Name (Last, First, Middle Initial) of Payee Jonathan Ortega			Date M M / D D / Y Y Y Y Y Y 10 / 16 / 2012		
Mailing Address 3732 Aldergate PL			Amount 160.47		
City Casselberry	State FL	Zip Code 32707	Transaction ID : D340438		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type 	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President		
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 3957.29			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	320.94
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 100 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name (Last, First, Middle Initial) of Payee Eric Pagan		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M / D D / Y Y Y Y Y Y </div> 10 / 16 / 2012
Mailing Address 290 Augustine Ct.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">160.47</div>
City Oviedo	State FL	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____
<div style="border: 1px solid black; padding: 2px; text-align: right;">2743623.99</div>		

Transaction ID : D340441

Full Name (Last, First, Middle Initial) of Payee Eric Pagan		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M / D D / Y Y Y Y Y Y </div> 10 / 16 / 2012
Mailing Address 290 Augustine Ct.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">160.47</div>
City Oviedo	State FL	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: FL District: _____ Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____
<div style="border: 1px solid black; padding: 2px; text-align: right;">288805.97</div>		

Transaction ID : D340442

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">320.94</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 101 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Eric Pagan		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 290 Augustine Ct.		Amount 160.47	
City Oviedo	State FL	Zip Code 32765	Transaction ID : D340443
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3957.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Benjamin Pusey		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 4150 Eastgate Ave #7108		Amount 160.47	
City Orlando	State FL	Zip Code 32839	Transaction ID : D340444
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	320.94
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 102 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Benjamin Pusey			Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 4150 Eastgate Ave #7108			Amount 160.47	
City Orlando	State FL	Zip Code 32839	Transaction ID : D340445	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Benjamin Pusey			Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 4150 Eastgate Ave #7108			Amount 160.47	
City Orlando	State FL	Zip Code 32839	Transaction ID : D340446	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3957.29			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	320.94
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 103 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Diego Renteria		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 430 Green Spring Circle		Amount 160.47	
City Winter Springs	State FL	Zip Code 32708	Transaction ID : D340447
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Diego Renteria		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 430 Green Spring Circle		Amount 160.47	
City Winter Springs	State FL	Zip Code 32708	Transaction ID : D340448
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	320.94
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 104 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Diego Renteria		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 430 Green Spring Circle		Amount 160.47	
City Winter Springs	State FL	Zip Code 32708	Transaction ID : D340449
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3957.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Audeliz Sanchez		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 3104 Orchard Place		Amount 160.47	
City Kissimmee	State FL	Zip Code 34743	Transaction ID : D340450
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <input type="checkbox"/> District: <input type="checkbox"/>
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	320.94
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 105 OF 138

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report☒ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

Audeliz Sanchez

Date

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2012

Mailing Address 3104 Orchard Place

Amount

160.47

City State Zip Code
Kissimmee FL 34743

Transaction ID : D340451

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State: FL
☒ Senate District:
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Audeliz Sanchez

Date

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2012

Mailing Address 3104 Orchard Place

Amount

160.47

City State Zip Code
Kissimmee FL 34743

Transaction ID : D340452

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☒ House State: FL
☐ Senate District: 10
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

VALDEZ VAL DEMINGS

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

3957.29

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

320.94

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 106 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Damon Taylor		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 10 Eaton Street		Amount 160.47	
City Eatonville	State FL	Zip Code 32751	Transaction ID : D340453
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Damon Taylor		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 10 Eaton Street		Amount 160.47	
City Eatonville	State FL	Zip Code 32751	Transaction ID : D340454
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	320.94
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 107 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name (Last, First, Middle Initial) of Payee Damon Taylor			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address 10 Eaton Street			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 10 / 16 / 2012 </div>	
City Eatonville	State FL	Zip Code 32751	Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 160.47 </div>	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6			Transaction ID : D340455	
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 3957.29 </div>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			2012	

Full Name (Last, First, Middle Initial) of Payee Antrenic Williams			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address 3070 Malcolm Drive			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 10 / 16 / 2012 </div>	
City Deltona	State FL	Zip Code 32738	Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 160.47 </div>	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6			Transaction ID : D340456	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 2743623.99 </div>			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			2012	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 320.94 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 320.94 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

 10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 108 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name (Last, First, Middle Initial) of Payee Antrenic Williams		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M / D D / Y Y Y Y Y Y </div> 10 / 16 / 2012
Mailing Address 3070 Malcolm Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 160.47 </div>
City State Zip Code Deltona FL 32738	Transaction ID : D340457	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"> 1 </div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 288805.97 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Antrenic Williams		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M / D D / Y Y Y Y Y Y </div> 10 / 16 / 2012
Mailing Address 3070 Malcolm Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 160.47 </div>
City State Zip Code Deltona FL 32738	Transaction ID : D340458	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"> 1 </div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 3957.29 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 320.94 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 320.94 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 109 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Sterling Williams		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 3115 Houndsworth Court		Amount 160.47	
City Orlando	State FL	Zip Code 32837	Transaction ID : D340459
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Sterling Williams		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 3115 Houndsworth Court		Amount 160.47	
City Orlando	State FL	Zip Code 32837	Transaction ID : D340460
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	320.94
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 110 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC			FEC IDENTIFICATION NUMBER ▼ C C00521013		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee Sterling Williams			Date M M / D D / Y Y Y Y Y Y Y Y 10 / 16 / 2012		
Mailing Address 3115 Houndsworth Court			Amount 160.47		
City Orlando	State FL	Zip Code 32837	Transaction ID : D340461		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type 	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10		
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 3957.29			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) 		
Full Name (Last, First, Middle Initial) of Payee Maxxwell Wright			Date M M / D D / Y Y Y Y Y Y Y Y 10 / 16 / 2012		
Mailing Address 2424 Barkwater Drive			Amount 160.47		
City Orlando	State FL	Zip Code 32839	Transaction ID : D340462		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 		
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 2743623.99			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) 		
(a) SUBTOTAL of Itemized Independent Expenditures.....			320.94		
(b) SUBTOTAL of Unitemized Independent Expenditures			 		
(c) TOTAL Independent Expenditures.....			 		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Gihan Perera</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date M M / D D / Y Y Y Y Y Y Y Y 10 / 18 / 2012</p>					

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 111 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC			FEC IDENTIFICATION NUMBER ▼ C C00521013		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee Maxxwell Wright			Date M M / D D / Y Y Y Y Y Y Y Y 10 / 16 / 2012		
Mailing Address 2424 Barkwater Drive			Amount 160.47		
City Orlando		State FL		Zip Code 32839	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type 		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON				Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) 		
Full Name (Last, First, Middle Initial) of Payee Maxxwell Wright			Date M M / D D / Y Y Y Y Y Y Y Y 10 / 16 / 2012		
Mailing Address 2424 Barkwater Drive			Amount 160.47		
City Orlando		State FL		Zip Code 32839	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type 		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10	
Name of Federal Candidate Supported or Opposed by Expenditure: VALDEZ VAL DEMINGS				Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3957.29			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) 		
(a) SUBTOTAL of Itemized Independent Expenditures.....			320.94		
(b) SUBTOTAL of Unitemized Independent Expenditures			 		
(c) TOTAL Independent Expenditures.....			 		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Gihan Perera</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date M M / D D / Y Y Y Y Y Y Y Y 10 / 18 / 2012</p>					

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 112 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			
Full Name (Last, First, Middle Initial) of Payee Kerline Cambronne		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">16</div> <div style="border: 1px solid black; padding: 2px;">2012</div> </div>	
Mailing Address 2861 Somerset Drive #112		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">316.88</div>	
City Fort Lauderdale	State FL	Zip Code 33311	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2743623.99</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Full Name (Last, First, Middle Initial) of Payee Kerline Cambronne		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">16</div> <div style="border: 1px solid black; padding: 2px;">2012</div> </div>	
Mailing Address 2861 Somerset Drive #112		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">316.88</div>	
City Fort Lauderdale	State FL	Zip Code 33311	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">288805.97</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: inline-block;">633.76</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature _____ Gihan Perera		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">2012</div> </div>	

[Electronically Filed]

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 113 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name (Last, First, Middle Initial) of Payee Alexis Cartland		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 16 / 2012 </div>	
Mailing Address 6492 Emerald Dunes Drive # 305		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 316.88 </div>	
City West Palm Beach	State FL	Zip Code 33411	Transaction ID : D340467
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2743623.99 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Alexis Cartland		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 16 / 2012 </div>	
Mailing Address 6492 Emerald Dunes Drive # 305		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 316.88 </div>	
City West Palm Beach	State FL	Zip Code 33411	Transaction ID : D340469
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 288805.97 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 633.76 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera
 Signature

[Electronically Filed]

Date

10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 114 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Kathy Dent			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>	
Mailing Address 1834 SE Aneci Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 316.88 </div>	
City Port Saint Lucie	State FL	Zip Code 34983	Transaction ID : D340471	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Kathy Dent			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>	
Mailing Address 1834 SE Aneci Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 316.88 </div>	
City Port Saint Lucie	State FL	Zip Code 34983	Transaction ID : D340472	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 633.76 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 633.76 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 115 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Sarah Halper			Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 709 S D Street			Amount 316.88	
City Lake Worth	State FL	Zip Code 33460	Transaction ID : D340473	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Sarah Halper			Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 709 S D Street			Amount 316.88	
City Lake Worth	State FL	Zip Code 33460	Transaction ID : D340474	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	633.76
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 116 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Sandy Hector		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 4330 Village Drive #B		Amount 316.88	
City Delray	State FL	Zip Code 33445	Transaction ID : D340475
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Sandy Hector		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 4330 Village Drive #B		Amount 316.88	
City Delray	State FL	Zip Code 33445	Transaction ID : D340476
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	633.76
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 117 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Tony Patterson		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 1638 Bresee Road		Amount 316.88	
City West Palm Beach	State FL	Zip Code 33415	Transaction ID : D340477
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Tony Patterson		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 1638 Bresee Road		Amount 316.88	
City West Palm Beach	State FL	Zip Code 33415	Transaction ID : D340478
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	633.76
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 118 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			
Full Name (Last, First, Middle Initial) of Payee Louis Porteous		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: inline-block; width: 20px; text-align: center;">M M</div> / <div style="display: inline-block; width: 20px; text-align: center;">D D</div> / <div style="display: inline-block; width: 40px; text-align: center;">Y Y Y Y Y Y</div> </div> <div style="text-align: center;">10 / 16 / 2012</div>	
Mailing Address 3059 SE Amherst Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">316.88</div>	
City State Zip Code Stuart FL 34997	Transaction ID : D340479		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">2743623.99</div>			
Full Name (Last, First, Middle Initial) of Payee Louis Porteous		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: inline-block; width: 20px; text-align: center;">M M</div> / <div style="display: inline-block; width: 20px; text-align: center;">D D</div> / <div style="display: inline-block; width: 40px; text-align: center;">Y Y Y Y Y Y</div> </div> <div style="text-align: center;">10 / 16 / 2012</div>	
Mailing Address 3059 SE Amherst Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">316.88</div>	
City State Zip Code Stuart FL 34997	Transaction ID : D340480		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">288805.97</div>			
(a) SUBTOTAL of Itemized Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">633.76</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>	
(c) TOTAL Independent Expenditures.....		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>Gihan Perera</u>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: inline-block; width: 20px; text-align: center;">M M</div> / <div style="display: inline-block; width: 20px; text-align: center;">D D</div> / <div style="display: inline-block; width: 40px; text-align: center;">Y Y Y Y Y Y</div> </div> <div style="text-align: center;">10 / 18 / 2012</div>	
[Electronically Filed]			

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 119 OF 138

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Brian Quillen

Date

MM / DD / YYYY

Mailing Address 232 Parkwood Drive S

Amount

316.88

City State Zip Code
West Palm Beach FL 33411

Transaction ID : D340481

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: _____ District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Brian Quillen

Date

MM / DD / YYYY

Mailing Address 232 Parkwood Drive S

Amount

316.88

City State Zip Code
West Palm Beach FL 33411

Transaction ID : D340482

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
State: FL District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

633.76

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 120 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC			FEC IDENTIFICATION NUMBER ▼ C C00521013		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee Robert Richardson			Date M M / D D / Y Y Y Y Y Y Y Y 10 / 16 / 2012		
Mailing Address 2352 Z Terrace			Amount 316.88		
City Riviera Beach		State FL	Zip Code 33404		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA				Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		
Full Name (Last, First, Middle Initial) of Payee Robert Richardson			Date M M / D D / Y Y Y Y Y Y Y Y 10 / 16 / 2012		
Mailing Address 2352 Z Terrace			Amount 316.88		
City Riviera Beach		State FL	Zip Code 33404		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type 		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON				Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....			633.76		
(b) SUBTOTAL of Unitemized Independent Expenditures			 		
(c) TOTAL Independent Expenditures.....			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Gihan Perera		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y Y Y 10 / 18 / 2012	

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 121 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Yettie Thompkins

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 414 Lincoln Rd.

City State Zip Code
Cocoa FL 32926

Amount

316.88

Transaction ID : D340486

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: _____ District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Yettie Thompkins

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 414 Lincoln Rd.

City State Zip Code
Cocoa FL 32926

Amount

316.88

Transaction ID : D340487

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
State: FL District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

633.76

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 122 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

John Tracey

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 2812 Genessee Ave

Amount

316.88

City State Zip Code
West Palm Beach FL 33409

Transaction ID : D340488

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: _____ District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

John Tracey

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 2812 Genessee Ave

Amount

316.88

City State Zip Code
West Palm Beach FL 33409

Transaction ID : D340489

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
State: FL District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

633.76

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 123 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y			
Full Name (Last, First, Middle Initial) of Payee Frankisha Walker		Date M M / D D / Y Y Y Y Y Y Y Y 10 / 16 / 2012	
Mailing Address 3414 34th Way		Amount 316.88	
City West Palm Beach	State FL	Zip Code 33407	Transaction ID : D340491
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type 	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Frankisha Walker		Date M M / D D / Y Y Y Y Y Y Y Y 10 / 16 / 2012	
Mailing Address 3414 34th Way		Amount 316.88	
City West Palm Beach	State FL	Zip Code 33407	Transaction ID : D340492
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type 	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		633.76	
(b) SUBTOTAL of Unitemized Independent Expenditures		 	
(c) TOTAL Independent Expenditures.....		 	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Gihan Perera</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date M M / D D / Y Y Y Y Y Y Y Y 10 / 18 / 2012</p>			

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 124 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Muslim Ali

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 6513 Yellow Hammer Ave

Amount

418.28

City State Zip Code
Tampa FL 33025

Transaction ID : D340493

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: _____ District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Muslim Ali

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 6513 Yellow Hammer Ave

Amount

418.28

City State Zip Code
Tampa FL 33025

Transaction ID : D340494

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
State: FL District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

836.56

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 125 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00521013 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name (Last, First, Middle Initial) of Payee Khaim Jack Cousineau		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 2326 E 111 Avenue		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 418.28 </div>
City State Zip Code Tampa FL 33612		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Khaim Jack Cousineau		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 2326 E 111 Avenue		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> 418.28 </div>
City State Zip Code Tampa FL 33612		
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">836.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

 10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 126 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Alissah Depiro		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 3721 Mission Court		Amount 418.28	
City Largo	State FL	Zip Code 33771	Transaction ID : D340497
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Alissah Depiro		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 3721 Mission Court		Amount 418.28	
City Largo	State FL	Zip Code 33771	Transaction ID : D340498
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	836.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 127 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y			
Full Name (Last, First, Middle Initial) of Payee Savanah Goodland		Date M M / D D / Y Y Y Y Y Y Y Y 10 / 16 / 2012	
Mailing Address		Amount 418.28	
City State Zip Code		Transaction ID : D340499	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee Savanah Goodland		Date M M / D D / Y Y Y Y Y Y Y Y 10 / 16 / 2012	
Mailing Address		Amount 418.28	
City State Zip Code		Transaction ID : D340500	
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		836.56	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Gihan Perera</i>		Date M M / D D / Y Y Y Y Y Y Y Y 10 / 18 / 2012	
[Electronically Filed]			

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 128 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Sarah Hagemen		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 6341 Halifax Drive		Amount 418.28	
City New Port Richey	State FL	Zip Code 34653	Transaction ID : D340501
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Sarah Hagemen		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 6341 Halifax Drive		Amount 418.28	
City New Port Richey	State FL	Zip Code 34653	Transaction ID : D340502
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	836.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 129 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Charles Jefferson		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 8515 River Drive		Amount 418.28	
City Tampa	State FL	Zip Code 33615	Transaction ID : D340503
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Charles Jefferson		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 8515 River Drive		Amount 418.28	
City Tampa	State FL	Zip Code 33615	Transaction ID : D340504
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	836.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 130 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Jonathan Juges		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2326 E 111 Avenue		Amount 418.28	
City Tampa	State FL	Zip Code 33612	Transaction ID : D340505
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Jonathan Juges		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2326 E 111 Avenue		Amount 418.28	
City Tampa	State FL	Zip Code 33612	Transaction ID : D340507
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	836.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 131 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Jonathan Obas		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 6372 Raleigh Street Apt 1904		Amount 418.28	
City Orlando	State FL	Zip Code 32835	Transaction ID : D340508
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Jonathan Obas		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 6372 Raleigh Street Apt 1904		Amount 418.28	
City Orlando	State FL	Zip Code 32835	Transaction ID : D340509
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	836.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 132 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Hiondy Polanco		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2326 E 111 Avenue		Amount 418.28	
City Tampa	State FL	Zip Code 33612	Transaction ID : D340510
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Hiondy Polanco		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 2326 E 111 Avenue		Amount 418.28	
City Tampa	State FL	Zip Code 33612	Transaction ID : D340511
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	836.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 133 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Jonathan Romero		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 1101 Arboleda Court		Amount 418.28	
City Tampa	State FL	Zip Code 33664	Transaction ID : D340512
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Jonathan Romero		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 1101 Arboleda Court		Amount 418.28	
City Tampa	State FL	Zip Code 33664	Transaction ID : D340513
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	836.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 134 OF 138

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report☒ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee

Mable Smith

Date

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2012

Mailing Address 4203 Arch

Amount

418.28

City State Zip Code
Tampa FL 33607

Transaction ID : D340514

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State: _____
☐ Senate District: _____
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Mable Smith

Date

M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2012

Mailing Address 4203 Arch

Amount

418.28

City State Zip Code
Tampa FL 33607

Transaction ID : D340515

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House State: FL
☒ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

836.56

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 135 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Karla Taylor

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 1009 S Bayshore Blvd #202

Amount

418.28

City State Zip Code
Safety Harbor FL 34695

Transaction ID : D340516

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: _____ District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Karla Taylor

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 1009 S Bayshore Blvd #202

Amount

418.28

City State Zip Code
Safety Harbor FL 34695

Transaction ID : D340517

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
State: FL District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

836.56

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 136 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
Florida Freedom PAC

FEC IDENTIFICATION NUMBER ▼

C C00521013

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Sadye Vassil

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 355 8 Avenue #9H

Amount

418.28

City State Zip Code
New York NY 10001

Transaction ID : D340518

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☐ Senate ☒ President
State: _____ District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

BARACK OBAMA

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 2743623.99

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Sadye Vassil

Date

MM / DD / YYYY
10 / 16 / 2012

Mailing Address 355 8 Avenue #9H

Amount

418.28

City State Zip Code
New York NY 10001

Transaction ID : D340519

Purpose of Expenditure
Estimated payment for salary and benefits from 10/16-11/6

Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
State: FL District: _____

Name of Federal Candidate Supported or Opposed by Expenditure:

BILL NELSON

Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 288805.97

Disbursement For: ☐ Primary ☒ General
2012 ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

836.56

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 137 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Brandon Williams		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 6720 S Lois Avenue Apt 8102		Amount 418.28	
City Tampa	State FL	Zip Code 33616	Transaction ID : D340521
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Brandon Williams		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 6720 S Lois Avenue Apt 8102		Amount 418.28	
City Tampa	State FL	Zip Code 33616	Transaction ID : D340522
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	836.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 138 OF 138
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida Freedom PAC		FEC IDENTIFICATION NUMBER ▼ C C00521013	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Nathan Williams		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 6720 S Lois Avenue		Amount 418.28	
City Tampa	State FL	Zip Code 33616	Transaction ID : D340523
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2743623.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Nathan Williams		Date MM / DD / YYYY 10 / 16 / 2012	
Mailing Address 6720 S Lois Avenue		Amount 418.28	
City Tampa	State FL	Zip Code 33616	Transaction ID : D340524
Purpose of Expenditure Estimated payment for salary and benefits from 10/16-11/6		Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 288805.97		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	836.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	91152.36

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gihan Perera

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2012